

Office of Administration
Commissioner's Office

REIMBURSEMENT REQUEST FOR OTHER SERVICES

Program: **Alternatives to Abortion**

Contractor: Alliance For Life

Subcontractor: Pregnancy Help Center South County

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: [REDACTED]

Date Enrolled: 04/21/17

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
ASAP – late as of 5/31/17	Auto Loan Payment	\$259.54	This is client's main source of transportation. She is unable to pay due to missed work because of days of debilitating pre-natal depression. She has talked with her OB doctor about it and he is treating her. She is also seeking out counseling. She is still employed, working and hopeful about getting through this.
Amt to be reimbursed		\$259.54	

The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Authorized person requesting purchase: Melissa Luther

Alliance for Life Program Manager: Carrie Hoelscher

Purchase is Approved ☐ Denied ☐ A2A Signature _____ Date _____

Reason for denying purchase: _____
